

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

ADDRESS (number and street) ▼

P.O. Box 13466

☐ Check if different than previously reported. (ACC)

Phoenix

AZ

85002

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00215202

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☒ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Karen Abraham

Signature of Treasurer

Mrs. Karen Abraham

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 25 / 2014 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		3748.95
(b) Cash on Hand at Beginning of Reporting Period.....	10919.45	
(c) Total Receipts (from Line 19)	4249.50	38520.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15168.95	42268.95
7. Total Disbursements (from Line 31)	1800.00	28900.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13368.95	13368.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 11 25 2014

To:

 M M / D D / Y Y Y Y Y
 12 31 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3711.00

25324.00

(ii) Unitemized

538.50

13196.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

4249.50

38520.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

4249.50

38520.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

4249.50

38520.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

4249.50

38520.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1800.00	28900.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1800.00	28900.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1800.00	28900.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4249.50	38520.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4249.50	38520.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Mrs. Karen Abraham

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
Phoenix AZ 85021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross & Blue Shield of AZ

Occupation

Sr. VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13353

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

B. Garrett Anderson

Mailing Address PO Box 13466

City State Zip Code
Phoenix AS 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ, Inc.

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13355

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Teresa Araiza

Mailing Address P.O. Box 13466

City State Zip Code
Phoenix AZ 85002-3466

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross Blue Shield of AZ

Occupation

Manager, Claims Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13356

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Mr. William Arthur

Mailing Address 2444 W. Las Palmaritas

City State Zip Code
Phoenix AZ 85021

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSAZ

Occupation

V.P.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13357

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Mr. Daniel Aspery, M.D.

Mailing Address 2444 W. Las Palmaritas

City State Zip Code
Phoenix AZ 85021

FEC ID number of contributing federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13362

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Ms Kathryn Baker

Mailing Address P.O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing federal political committee.

C

Name of Employer

Blue Cross & Blue Shield of AZ

Occupation

VP & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13364

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional)..... ►

240.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Cindy M Bell

Mailing Address P.O. Box 13466

City
Phoenix

State
AZ

Zip Code
85002-3466

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross Blue Shield of AZ

Occupation

Director, E-Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2014

Transaction ID : SA11AI.13366

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard Boals

Mailing Address 2444 W. Las Palmaritas Drive

City
Phoenix

State
AZ

Zip Code
85021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross & Blue Shield of Arizona

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2014

Transaction ID : SA11AI.13372

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Michele E. Boggs

Mailing Address P.O. Box 13466

City
Phoenix

State
AZ

Zip Code
85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2014

Transaction ID : SA11AI.13374

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

135.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Mr. James Brutlag

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
Phoenix AZ 85021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross & Blue Shield of Arizona

Occupation

V.P.-Underwriting & Actuarial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13375

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. Sherri Burruss

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Actuarial

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13377

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Julie Carr

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13378

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Laura Causer

Mailing Address P. O. Box 13466

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2014

Transaction ID : SA11AI.13379

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Mrs. Helen Chandler

Mailing Address 2444 W. Las Palmaritas Drive

City

Phoenix

State

AZ

Zip Code

85021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross & Blue Shield of Arizona

Occupation

Sr. V.P.-Claims & Federal Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2014

Transaction ID : SA11AI.13381

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. JoAnn Cipiti

Mailing Address P.O. Box 13466

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Government Strategic Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2014

Transaction ID : SA11AI.13382

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

270.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Kelley Davis

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13387

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Kathy Dierks

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13389

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Edward Fenstermacher

Mailing Address PO Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ, Inc.

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13393

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Wendy Fuller

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13394

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Terri Gades

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13395

Amount of Each Receipt this Period

36.00

Full Name (Last, First, Middle Initial)

C. Sandy Gibson

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13397

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

171.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Mr. Christopher Hogan

Mailing Address 2444 W. Las Palmaritas Drive

City State Zip Code
Phoenix AZ 85021

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

V.P.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13402

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Cathy Huskey

Mailing Address 2444 West Las Palmaritas Drive

City State Zip Code
Phoenix AZ 85021

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13405

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Sheri Jackson

Mailing Address 2444 W Las Palmaritas

City State Zip Code
Phoenix AZ 85021

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

vice president

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13406

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Vishu Jhaveri

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13407

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Kim. Kelley

Mailing Address P.O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross Blue Shield of AZ

Occupation

Director, Pharmacy Benefits Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13411

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Molly Kimball

Mailing Address P. O. BOX 13466

City State Zip Code
PHOENIX AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13413

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

165.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Lori Lambrecht

Mailing Address P. O. Box 13466

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2014

Transaction ID : SA11AI.13415

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Scott Mack

Mailing Address P. O. Box 13466

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2014

Transaction ID : SA11AI.13417

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Thomas Mandrola

Mailing Address PO Box 13466

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ, Inc.

Occupation

Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2014

Transaction ID : SA11AI.13419

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Andrew Mason

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13421

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Kathryn Mattson

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13422

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Robyn Mauser

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13423

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Jody Mentz

Mailing Address P.O. Box 13466

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBAZ

Occupation

Director, ICS Production Support

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2014

Transaction ID : SA11AI.13424

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Elizabeth Messina

Mailing Address P. O. Box 13466

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

SVP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2014

Transaction ID : SA11AI.13427

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

C. Chris Messner

Mailing Address PO Box 13466

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ, Inc.

Occupation

Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2014

Transaction ID : SA11AI.13428

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

195.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Laura Meyer

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13430

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. Cindy Montgomery

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13431

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Marcus Montoya

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13434

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. James Napoli

Mailing Address PO Box 13466

City

Phoenix

State

AZ

Zip Code

85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ, Inc.

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2014

Transaction ID : SA11AI.13436

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Mrs. Susan Nash

Mailing Address 2444 W. Las Palmaritas Drive

City

Phoenix

State

AZ

Zip Code

85021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross & Blue Shield of Arizona

Occupation

V.P.-Federal Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2014

Transaction ID : SA11AI.13437

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

C. Mrs. Susan Navran

Mailing Address 2444 W. Las Palmaritas

City

Phoenix

State

AZ

Zip Code

85021

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Executive V.P.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2014

Transaction ID : SA11AI.13438

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

255.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Marty O'Reilly

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13439

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Linda Olvey

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13440

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Andrea Parsons

Mailing Address PO Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ, Inc.

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13441

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Ms. Joan Ramos

Mailing Address 2444 W. Las Palmaritas

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross and Blue Shield of Arizona

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13443

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Jennifer Ratti

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer
BCBSAZ

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13444

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Deanna Salazar

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer
BCBSAZ

Occupation
Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13446

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Mary Semma

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13447

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Carol Smallwood

Mailing Address PO Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ, Inc.

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13451

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Scott Sowell

Mailing Address P O Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13452

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Jeff Stelnik

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13455

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

B. Deidra Stone

Mailing Address P.O. Box 13466

City State Zip Code
Phoenix AZ 85002-3466

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross Blue Shield of AZ

Occupation

Director, Claims Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13456

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Rebecca Thompson

Mailing Address P.O. Box 13466

City State Zip Code
Phoenix AZ 85002-3466

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Cross Blue Shield of AZ

Occupation

Manager, Business Informatics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13458

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

195.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Michael Tilton

Mailing Address PO Box 13466

City State Zip Code
Phoenix AZ 85003

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ, Inc.

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13459

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Su Tucker

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13461

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Cynthia Walls

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13464

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

165.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Matt Wandoloski

Mailing Address P. O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Employee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13466

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Greg Wells

Mailing Address P.O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13468

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Rachel Winkler

Mailing Address P.O. Box 13466

City State Zip Code
Phoenix AZ 85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2014

Transaction ID : SA11AI.13469

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

195.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Bill Zuelke

Mailing Address P. O. Box 13466

City
Phoenix

State
AZ

Zip Code
85002

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCBSAZ

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2014

Transaction ID : SA11Al.13470

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

3711.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Ducey 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2014

Mailing Address 6740 W. Deer Valley Road
Ste D-107, PMB 205

City Glendale State AZ Zip Code 85310

Transaction ID : SB23.13472

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

500.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAVID SCHWEIKERT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2014

Mailing Address 228 S WASHINGTON STREET
STE 115

City ALEXANDRIA State VA Zip Code 22314

Transaction ID : SB23.13482

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 06

Full Name (Last, First, Middle Initial)

C. Friends of John McCain

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2014

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Transaction ID : SB23.13479

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 01

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthy Government Committee-The Political Action Committee of Blue Cross & Blue Shield of Arizona, Inc.

Full Name (Last, First, Middle Initial)

A. Lovas for Arizona

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2014

Mailing Address 7197 W. Mariposa Grande Lane

City	State	Zip Code
Peoria	AZ	85383

Transaction ID : SB23.13487Purpose of Disbursement
check #1878 was never cashed - check has been voided

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

-500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Vogt for Arizona '12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2014

Mailing Address 10031 E. Falcon Point Drive

City	State	Zip Code
Tucson	AZ	85730

Transaction ID : SB23.13484Purpose of Disbursement
Check # 1786 was never cashed - check has been voided.

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

-200.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-700.00

1800.00